



Application for Architectural Approval

Owners Name _____ Phone _____
Owner Address _____ Fax # _____
Hidden Hills, CA 91302
Email _____

Date of Submittal _____ Date of Approval _____

Project Type _____

Architect / Designer _____ Phone # _____
Address _____ Fax # _____
City _____ E-mail _____
State / Zip _____
Contact Person _____

Application Fee

Amount **\$165.00** Cash / Check _____ Check # _____
Variance License Agreement Existing Violations

Scope of proposed Project:

Before submitting an application, plans, and supporting information, please contact the Architectural Office at (818) 227-6657 to insure that your submittal package is complete. Incomplete submittals will be returned to you until such time as all required materials are provided.

24549 long valley road | hidden hills, ca 91302
phone: (818) 227-6657 | facsimile: (818) 888-6113
www.hiddenhills.org